

Early Educator Certification (EEC) Application - 2009

County of employment: _____ Last four digits of Social Security number: _____

I. GENERAL INFORMATION

A. Date of application: _____ B. County of residence: _____

C. Legal name: _____

D. Preferred name (nickname): _____
First Middle Last

E. Mailing address: _____

F. Home phone: (____) _____ G. Cell phone: (____) _____
Street City State Zip Code

H. Email address: _____

I. Date of birth: _____ J. Gender: ☐ Male ☐ Female

K. Ethnicity
☐ Black/ African American ☐ Asian American/ Pacific Islander ☐ American Indian (tribe) _____
☐ White/ European American ☐ Hispanic American/Latino/Latina ☐ Other _____
☐ Biracial

L. Native language: _____

M. List any secondary languages in which you are fluent: _____

II. EDUCATIONAL BACKGROUND

A. Indicate your education below:

	College	Year Awarded
Licenses (check all that apply)		
<input type="checkbox"/> N.C. Birth-Kindergarten License	_____	_____
<input type="checkbox"/> N.C. Preschool Add-On License	_____	_____
<input type="checkbox"/> Other License _____	_____	_____
<input type="checkbox"/> Not Licensed	_____	_____
Degrees (check all that apply)		
<input type="checkbox"/> Ph.D. Early Childhood Ed/Child Dev	_____	_____
<input type="checkbox"/> Ph.D. Other _____	_____	_____
<input type="checkbox"/> MA/MS Early Childhood Ed/Child Dev	_____	_____
<input type="checkbox"/> MA/MS Other _____	_____	_____
<input type="checkbox"/> BA/BS Early Childhood Ed/Child Dev/BK	_____	_____
<input type="checkbox"/> BA/BS Other _____	_____	_____
<input type="checkbox"/> AAS Early Childhood Ed/Child Dev	_____	_____
<input type="checkbox"/> AAS Other _____	_____	_____
<input type="checkbox"/> No degree	_____	_____
Diplomas, Certificates & Credentials (check all that apply)		
<input type="checkbox"/> Community College Early Childhood Education Diploma (at least 36 semester hours)	_____	_____
<input type="checkbox"/> Community College Early Childhood Education Certificate (at least 12 semester hours)	_____	_____
<input type="checkbox"/> Early Childhood	_____	_____
<input type="checkbox"/> Infant Toddler	_____	_____
<input type="checkbox"/> School Age	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Child Development Associate Credential (CDA)	_____	_____
<input type="checkbox"/> Earned for at least 12 semester hours	_____	_____
<input type="checkbox"/> Earned with workshop hours	_____	_____

Last Name _____

☐ N.C. Credential

- ☐ Early Childhood
☐ Family Child Care
☐ School Age
☐ Administrator
 ☐ Level I
 ☐ Level II
 ☐ Level III

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ I have not completed any college coursework

Have you earned any college credits that are not listed above? ☐ Yes ☐ No If yes, please list:

B. Do you have a high school diploma or GED? ☐ Yes ☐ No ☐ In Progress

C. Are you currently enrolled in a degree program at a community college, college or university? ☐ Yes ☐ No
If yes, what is your anticipated degree completion date? _____

Please indicate your degree program:

- | | |
|---|--|
| <input type="checkbox"/> Ph.D. Early Childhood Ed/Child Dev | <input type="checkbox"/> BA/BS Early Childhood Ed/Child Dev/BK |
| <input type="checkbox"/> Ph.D. Other _____ | <input type="checkbox"/> BA/BS Other _____ |
| <input type="checkbox"/> MA/MS Early Childhood Ed/Child Dev | <input type="checkbox"/> AAS Early Childhood Ed/Child Dev |
| <input type="checkbox"/> MA/MS Other _____ | <input type="checkbox"/> AAS Other _____ |

D. If you have a Bachelor's Degree, are you currently working on a NC Birth through Kindergarten license or Preschool Add-on license? ☐ Yes ☐ No ☐ Not Applicable

III. EXPERIENCE

A. How long have you taught in an early childhood setting? _____ years _____ months

B. How long have you taught in a school age setting? _____ years _____ months

IV. EMPLOYMENT INFORMATION

A. Are you currently being paid to work with children ages birth - twelve? ☐ Yes ☐ No

If yes, please complete the section below starting with B.

If no, do you intend to work directly with children ages birth - twelve? ☐ Yes ☐ No

B. Program name: _____
(If you work at a Head Start or multi-site child care program, be specific as to which site.)

C. Program address: _____
Street
City State Zip Code

D. ☐ DCD facility license number: _____
☐ LEA number: _____
☐ Unlicensed child care program

E. Program email address: _____

F. Program phone: (____) _____ G. Program fax: (____) _____

H. Your employment position: ☐ Family Child Care Provider ☐ Director/Administrator
☐ Assistant Teacher/Aide ☐ Owner/Director
☐ Teacher/Lead Teacher/Group Leader ☐ Assistant Director
☐ Floater ☐ Other _____

I. Do you teach in a classroom that receives funding from (check all that apply):
☐ More at Four ☐ Part C: Infant-Toddler/CDSA ☐ Title I ☐ None of the above
☐ Head Start ☐ Part B: Preschool Disabilities Program ☐ Don't know

J. Ages of the children in your classroom or family child care home (check all that apply):
☐ Infants ☐ Threes ☐ Schoolage (Kindergarten – 3rd grade)
☐ Ones ☐ Fours ☐ Schoolage (4th grade and above)
☐ Twos ☐ Fives ☐ Other _____

Last Name _____

K. Date you began working at this program: _____
Month/Day/Year

L. Months per year your program is in operation: ☐ 12 months ☐ 10 months ☐ Other _____

M. Months per year you work in your program: ☐ 12 months ☐ 10 months ☐ Other _____

N. How many total hours per week do you work in your program? _____ Of these hours, how many hours per week do you work in the classroom directly with children ages birth to twelve? _____

O. Employment status: ☐ Full-time, permanent ☐ Other _____

P. What is your current salary before deductions?

Q. \$ _____ (check one): ☐ hourly ☐ semi-monthly (2 times a month)
☐ weekly ☐ monthly (10 months)
☐ biweekly (every 2 weeks) ☐ monthly (12 months)

V. PROFESSIONAL RESOURCES

A. Please place a check mark (✓) in all boxes that apply.

	I am currently receiving:	I previously received:	I have never received:
T.E.A.C.H. Early Childhood® Scholarship			
Pell Grant			
Other financial aid			
Salary supplement such as Child Care WAGES®			

B. Do you have health insurance from any source? ☐ Yes ☐ No

If yes, check one of the explanations below:

- ☐ I am fully paying for my own health insurance.
- ☐ I'm covered by my spouse's policy.
- ☐ I purchase my insurance through my employer, but I pay the full cost.
- ☐ My insurance is fully paid by my employer.
- ☐ My insurance is partially paid by my employer and I pay part of the cost.
- ☐ I am covered through Medicare/Medicaid.

C. Do you participate in a retirement plan other than Social Security? ☐ Yes ☐ No

If yes, check one of the explanations below:

- ☐ I have a retirement plan, but my employer does not contribute.
- ☐ My employer contributes to my retirement plan, but I do not.
- ☐ My employer and I both contribute to my retirement plan.
- ☐ Other: _____

VI. RELEASE OF INFORMATION

To be considered for a Child Care WAGES® salary supplement, individuals who work in a participating county may have their applications sent directly to Child Care WAGES®. Do you give permission for the release of your application to Child Care WAGES® and for the two programs to share all education documents in the future?

☐ Yes ☐ No

VII. STATEMENT OF AFFIRMATION

I, _____ (applicant's name), attest that the information appearing on this application and the supporting documentation is true to the best of my knowledge. I understand that by accepting certification, my name, certification level, education, recertification date, and center name and address may be released. All other information will remain confidential.

Applicant's Signature

Date

Last Name _____

Early Educator Certification Check List

Have you included each of the following items REQUIRED to process your application?

- ☐ Complete application (All questions must be answered)
- ☐ Official transcripts (See details below)
 - ☐ Transcripts and required documents are enclosed
 - ☐ Transcripts are being sent directly from College(s)
- ☐ \$50 Initial Certification fee (See details below)
 - ☐ Check enclosed
 - ☐ Money Order enclosed
 - ☐ No payment required: fee covered by another source
- ☐ Self-addressed stamped postcard (*if you would like notification that your application has been received, otherwise this is not required*)

Education Documentation Requirements: Certification is based on the education documents submitted with your application. Be sure to include **official transcripts** for ALL completed college coursework. Copies of degrees and unofficial transcripts are not accepted for initial certification. Please enclose a copy of your BK license to be certified at a BK License level. Please enclose a copy of your North Carolina Early Childhood Credential Certificate to be certified at that level. If you have not yet completed any college coursework, please enclose a copy of your High School Diploma, GED (if completed) or proof of enrollment. Documents printed from the Internet cannot be accepted. Workshops and training hours are not counted toward initial certification.

Fee Requirements: Initial certification is \$50. EEC accepts checks or money orders. (Credit card payments are not accepted at this time.) Please make checks payable to NC Institute for Early Childhood Professional Development. Your certification will not be processed without payment unless you are covered by another source for which we have documentation.

Send your completed application and required documentation to:

Early Educator Certification
NC Institute for Early Childhood Professional Development
PO Box 959, Chapel Hill, NC 27514

If you have any questions, please call 919-942-7442 or email info@NCEEC.org.

Learn more about resources that may be available to you:

Career Tools: NC Institute for Early Childhood Professional Development at www.ncchildcare.org

College Scholarships: T.E.A.C.H. Early Childhood® at www.childcareservices.org/ps/teach.html

Health Insurance: T.E.A.C.H. Early Childhood® Health Insurance at www.childcareservices.org/ps/health_ins.html

Salary Supplement: Child Care WAGE\$® at www.childcareservices.org/ps/wage.html

More at Four (MAF): Office or School Readiness (OSR) at www.osr.nc.gov/MoreFour/index.asp

NC BK Licensure for MAF teachers: OSR at www.osr.nc.gov/ProfDevandResources/TLUindex.asp



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